

LONG TERM CARE MEDICAID APPLICATION

Medicaid Assistance for Individuals

PACE

DDS Waiver

ElderChoices

Assisted Living

Nursing Facilities

Alternatives for Adults with Physical Disabilities



A growing number of Home and Community based programs are available as alternatives to Nursing Facilities. While a Nursing Facility is the right option for some people, others may find help is available to keep them at home. If you would like to talk to a counselor about your options, call toll free 1-866-801-3435 or email choicesinliving@arkansas.gov.

A brief description of each of these programs and their eligibility criteria, as well as the Medicaid application, can be found on the inside of this packet. If you are interested in the DDS Waiver program, please see the following page for application instructions. If you are interested in any of the other programs, please complete the attached application and return it to your local DHS county office or call for more information. The DHS county office will determine your eligibility and provide additional information on available assistance.

LONG TERM CARE MEDICAID APPLICATION KIT

The following programs are available for facility and non-facility care for individuals with long-term medical needs. These programs have common income and resource requirements.

Income Limit

The income limit for all of the following programs is three times the current SSI Standard Payment Amount (SPA) for an individual. The income limit for 2013 is \$2,130.00. The income limit usually increases at the first of each calendar year. Only the income of the applicant is counted toward this limit. In some categories, if there is a non-institutionalized spouse, the spouse may be eligible to keep all or a portion of the institutionalized individual's income.

Resource Limit

The resource limit for the covered individual is \$2,000. In some programs, if the covered individual has a spouse, the spouse may be eligible to keep all or a portion of the total spousal resources. See Resource Rule on the last page of this form.*

Developmental Disability Services - (DDS)

Home and community based care for individuals with developmental disabilities who would otherwise require care in an institution. DDS Waiver provides the full range of Medicaid benefits as well as other specialized services. To apply for DDS waiver services, please ask for a DDS waiver information packet or talk with a DDS worker at the local DHS county office. You may also contact DDS at 501-682-8662 for information about this program.

Nursing Facilities

Institutions that provide medically necessary care 24 hours per day for residents who require skilled nursing care, rehabilitation services or health-related care and services above the level of room and board and not primarily for the care and treatment of mental diseases. Recipients receive the full range of Medicaid benefits. Medicaid also pays all or a portion of monthly facility vendor payment depending on the monthly income to be considered.

Individuals in Nursing Facilities with income over the current limit may become eligible for Medicaid by establishing an Income Trust. The DHS caseworkers have information about Income Trusts.

Non-institutionalized spouses of Nursing Facility recipients are eligible for the division of spousal resources and income.

In addition to being income and resource eligible, the Nursing Facility resident must be aged, blind or disabled and require medical care of a certain level, determined by the Office of Long Term Care.

Alternatives for Adults with Physical Disabilities (AAPD)

Home and community based care for individuals with physical disabilities aged 21 to 64 as an alternative to institutionalization. AAPD provides Attendant Care and Environmental Accessibility Adaptation Services and the full range of Medicaid benefits.

Individuals eligible for AAPD require an Intermediate Level of Care as determined by the Office of Long Term Care. Individuals requiring Skilled Care are not eligible.

ElderChoices -Alternative Community Services Program for the Aged (EC)

Home-based care for individuals aged 65 and over. ElderChoices provides homemaker services, chore services, home delivered meals, Personal Emergency Response System, Adult Day Health Care, Adult Foster Care, Respite Care, Adult Day Care and Adult Companion Service. ElderChoices provides the full range of Medicaid benefits.

Applicants with spouses living in the community are eligible for the division of spousal resources, but not for spousal income as the recipient does not contribute income to his or her care.

Individuals eligible for ElderChoices require an Intermediate Level of Care as determined by the Office of Long Term Care. Individuals requiring Skilled Care are not eligible.

Assisted Living Facilities Level II – (ALF)

Facilities that provide assistance with activities of daily living to individuals that are aged, blind or physically disabled in a residential setting. Living units and common space are provided to address all activities of daily living on a 24-hour basis. Individuals in Level II Assisted Living Facilities are eligible for the full range of Medicaid benefits. Room and board costs are not included in the waiver coverage.

Individuals with income over the current limit may become Medicaid eligible by establishing an Income Trust. Non-institutionalized spouses of Assisted Living Facility recipients are eligible for the division of spousal income and resources.

Assisted Living Facilities Medicaid requires an Intermediate Level of Care as determined by the Office of Long Term Care. Individuals requiring Skilled Care are not eligible for this program.

PACE - (Program of All-Inclusive Care for the Elderly)

A comprehensive health and social services program that provides and coordinates primary, preventive, acute and long term care services for individuals 55 years of age or older who need nursing facility care. Services are provided in PACE Centers, in the home and in inpatient facilities. Individuals eligible for PACE must live in an area served by a PACE program and be able to live in a community setting without jeopardizing their health or safety.

PACE applicants with income over the income limit may become eligible for Medicaid by establishing an Income Trust. DHS caseworkers have additional information regarding Income Trusts. PACE participants with spouses living in the community are eligible for the division of spousal income and resources.

Individuals eligible for PACE require a nursing home Level of Care as determined by the Office of Long Term Care. The PACE program is available to individuals in the Jonesboro area.

***RESOURCE RULE FOR SPOUSAL RESOURCES**

If total resources are under \$23,184 – Community Spouse gets all.
If total resources are \$23,184 to \$46,368 – Community Spouse gets \$23,184
If total resources are \$46,368 to \$231,840 – Community Spouse gets one-half.
If total resources are over \$231,840 – Community Spouse gets \$115,920
(the maximum effective 01-01-13)

(These amounts usually increase annually dependent on the cost of living increase.)



When completing an application for Long Term Care Assistance some of the items that you will need to provide are:

Verification of your bank accounts
Proof of your monthly income
Social Security card or number
Your Medicare card
Proof of Life and Health Insurance
If you have sold or transferred any property, please provide deeds.

The **PRIVACY ACT of 1974** requires the Department of Human Services (DHS) to tell you: (1) Whether disclosure is voluntary or mandatory; (2) how DHS will use your SSN; and (3) the law or regulation that allows DHS to ask you for the SSN. We are authorized to collect from your household certain information including the social security number (SSN) of each eligible household member. For the Medicaid Program, this authority is granted under Federal laws codified at 42 U.S.C. §§ 1320b-7(a) (1) and 1320b-7(b) (2). This information may be verified through computer matching programs. We will use this information to determine Program eligibility, to monitor compliance with program rules, and for program management. This information may be disclosed to other Federal and State agencies and to law enforcement officials. If claim arises against your household, the information on this application, including all SSNs, may be provided to Federal or State officials or to private agencies for collection purposes.

EXCEPTION: In the Medicaid Program, information is disclosed without the individual's written consent only to: authorized employees of this Agency, the Social Security Administration, the U.S. Department of Health and Human Services, the individual's attorney, legal guardian, or someone with power of attorney; or an individual who the recipient has asked to serve as his representative AND who has supplied confidential information for the case record which helped to establish eligibility, or court of law when the case record is subpoenaed.